STATE OF HAWAII REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

TO: Chi	ef Procurem	ent Officer				
FROM:						
(Dep	artment/Divisio	on/Agency)				
Pursuant to spurchase the		b)(4), HRS, and	d Chapter 3-120, HAR,	the Department requ	uests a procurement exemption	to
		rvices, or constr	ruction:			
Name of Ve	ndor:				Cost:	
Address:					į	
					l I	
T. C.C.			T.		1	
Term of Cor	tract:	From:	To:		Prior Exemption Ref. No. (if	applicable)
Explanation	describing h	now procuremen	nt by competitive mean	s is either not practic	cable or not advantageous to the	ne State:
		P		F		
Details of the practicable:	e process or	procedure to be	e followed in selecting	the vendor to ensure	maximum fair and open comp	etition as
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REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS (Cont.)

	A description of the agency's internal controls and approval requirements for the exempted procurement:								
A list of agency person	mel by position title who will be	involved in the approval process and administration	on of the contract:						
A list of agency person	mer, by position title, who will be	involved in the approval process and administration	on of the contract.						
Direct questions to:		Phone Number							
Direct questions to:			•						
		ĺ							
This exemption should	be considered for list of exemptio	ns attached to Chapter 3-120, HAR: Yes □	No □						
			_						
I CERTIFY THA		IDED ABOVE IS, TO THE BEST OF MY KNO AND CORRECT.	WLEDGE,						
	IRUL	AND CORRECT.							
		Department Head or Designee							
			Date						
		·	Date						
			Date						
		Title (If other than Department Head)	Date						
Chief Procurement Off	icer's Comments:		Date						
Chief Procurement Off	ĭcer's Comments:		Date						
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Chief Procurement Off	ĭcer's Comments:		Date						
		Title (If other than Department Head)	Date						
	icer's Comments: e to applicable administrative requ	Title (If other than Department Head)	Date						
	e to applicable administrative requ	Title (If other than Department Head)	Date						
Please ensure adherence ☐ APPROVE	e to applicable administrative requ	Title (If other than Department Head)	Date						
Please ensure adherence	e to applicable administrative requ ED □ DISAPPROVED	Title (If other than Department Head)							

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